

Case Number:	CM15-0074549		
Date Assigned:	04/24/2015	Date of Injury:	02/11/2010
Decision Date:	05/27/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67 year old female, who sustained an industrial injury on 02/11/2010. The injured worker complained of right hip pain and was diagnostic with right hip contusion and osteoarthritis. On provider visit dated 01/14/2015 the injured worker has reported depression and anxiety, and states that acid reflux is controlled with medication. On examination the injured workers blood pressure was noted to be 121/92 mmHg, otherwise exam was unremarkable. The patient has had 67 heart rate; and normal cardiovascular examination. The diagnoses have included hypertension with left ventricular hypertrophy. Treatment to date has included laboratory study, MRI's and medication. Per documentation the injured worker had undergone a bilateral carotid ultrasound on 11/24/2014. The provider requested Carotid ultrasound. The patient has had bilateral carotid ultrasound on 11/24/14 that revealed less than 50% stenosis of the right carotid artery at its origin; 2D echo on 11/24 14 that revealed 71 % EF that revealed MR and pulmonary insufficiency. The medication list include Prilosec, sertraline, Wellbutrin, Lisinopril, Atorvastatin, Naprosyn and Probiotics. The patient has had history of angina. The patient's surgical history includes arthroscopic surgeries and lumbar surgery. The patient has had EKG dated 9/23/14 that was normal. The patient has had lab report on 11/25/14 that revealed cholesterol 234, glucose 119, and HDL 64. The patient has had urine drug screen test on 9/23/14 that was remarkable for sertraline and norsesertaline.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Carotid ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003774.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed Non-invasive imaging compared with intra-arterial angiography in the diagnosis of symptomatic carotid stenosis: a meta-analysis. Wardlaw JM, Chappell FM, Best JJ, Wartolowska K, Berry E, NHS Research and Development Health Technology Assessment Carotid Stenosis Imaging Group Lancet. 2006;367(9521):1503. PubMed Preoperative diagnosis of carotid artery stenosis: accuracy of noninvasive testing. AUNederkoorn PJ, Mali WP, Eikelboom BC, Elgersma OE, Buskens E, Hunink MG, Kappelle LJ, Buijs PC, Wust AF, Van Der Lugt A, Van Der Graaf YS Stroke. 2002; 33(8):2003. PubMed Carotid sonography. Carroll BA Radiology. 1991; 178(2):303. Department of Radiology, Duke University Medical Center, Durham, NC 27710.

Decision rationale: ACOEM/CA MTUS and ODG do not address this request. The patient has had 67 heart rate; and a normal cardiovascular examination. The patient has had a bilateral carotid ultrasound on 11/24/14 that revealed less than 50% stenosis of the right carotid artery at its origin; any significant changes in history or objective physical examination findings since the last study that would require a repeat carotid ultrasound were not specified in the records provided. The patient has had EKG dated 9/23/14 that was normal. The patient has had lab reports on 11/25/14 that revealed cholesterol 234, glucose 119, and HDL 64. A detailed cardiovascular examination with significant findings was not specified in the records provided. Any significant finding on physical exam that would require a carotid ultrasound (like a carotid bruit), is not specified in the records provided. The medical necessity of the request for Carotid ultrasound is not fully established in this patient. The request is not medically necessary.